Stigma, Protective Factors, and Mental Health in Italian Transgender People: An Application of the Minority Stress Model

Paolo Valerio[1] & Cristiano Scandurra[2]

[1]University of Naples Federico II
Department of Neurosciences and Reproductive and Odontostomatological Sciences
Chairperson of ONIG and "Gender, Sex, Culture" Foundation

[2]University of Naples Federico II
SInAPSi Centre (Post-doc)

Theoretical Framework

- From a psycho-social perspective, a great number of research has been addressed to deepen the processes and the extent of the social stigma effects on transgender people mental health (e.g., Kenagy, 2005; Lombardi, Wilchins, Priesing, & Malouf, 2001; Xavier, 2000).
- Indeed, transgender people suffer from continuous and systematic oppression because of their gender nonconformity, representing a highly stigmatized population (Hill, 2003) at risk of experiencing psycho-social distresses due to their stigmatized status (Meyer, Schwartz, & Frost, 2008).

- As argued by some authors (e.g., Bockting Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Hendricks & Testa, 2012), similarly to LGB population, transgender people are at high risk of experiencing *minority stress* due to the belongingness to a minority identity.
- It has been long demonstrated that minority stress (Meyer, 2003a, 2007) has a direct relationship with negative mental health outcomes, in response to which functional coping and resilience strategies, as well as protective factors—such as social and peer support, or community connectedness—aimed at moderating the relationship between stigma and mental health can be adopted.
- As suggested by the Institute of Medicine (IOM, 2011), applying the theoretical model of minority stress in research fields allows a deeper understanding of dynamics related to mental health in LGBT people.

- The minority stress model has only recently been specifically applied to transgender experiences, thanks to the works by Hendricks and Testa (2012), and Bockting and colleagues (2013).
- To our knowledge, in Italy studies which have applied this model to Italian transgender population do not exist yet.
- From the minority stress perspective and through a quantitative approach, this study is aimed at understanding levels and types of stigma that Italian transgender people experience in their socio-cultural context, analyzing direct and indirect effects on their mental health.

The minority stress model in a nutshell

- The minority stress model assumes that sexual minorities, as well as all minority groups, experience stress due to the persistent social stigmatization.
- According to Meyer (2007), minority stress is unique, chronic, and socially based.
- Within the context of the individual environmental circumstances, Meyer conceptualizes distal and proximal stress processes.

- From distal to proximal processes, the stressors are 1) stressful objective and chronic events and conditions (prejudice events), 2) expectations that these events will happen and subsequent surveillance (felt stigma), and 3) internalization of negative societal attitudes (internalized stigma).
- In addition to the stressors, minority stress model identifies also some protective factors able to buffer the effects of minority stress on mental health, such as social connectedness, resilience or group cohesion (e.g., Detrie & Lease, 2007; Frost, 2011).

The current study

- Two main purposes:
  1) To explore both the different types of stigma and the levels of mental health problems experienced by a sample of Italian transgender people;
  2) To quantitatively apply the minority stress perspective to the same sample.

- Specifically, it was hypothesized that minority stressors (prejudice events, felt stigma, and internalized transphobia) were directly associated with negative mental health outcomes (anxiety, depression, suicidal ideation, and suicide attempt) and that this relationship was moderated by specific protective factors (resilience and social support).

Procedures

- “Trans Life Survey”
- 10 participants were drawn lots receiving 100 € per person.
- Participants were recruited via the web through social networks and thanks to the support of some Italian NGOs engaging in the promotion of transgender rights.
- Data were protected by a secure gateway to which only the Principal Investigator (PI) had access.

Participants

- Eligibility criteria: 1) self-identifying as transgender people; 2) being at least eighteen-years-old; and 3) living in Italy at least for 10 years.
- The sample was constituted by 73 transgender women, 74 transgender men, and 2 genderqueer people. Participants' mean age was 33.18 years with a standard deviation of 10.96.

Socio-Demographic Characteristics Among "Trans Life Survey" Sample of Italian Transgender Participants (n = 149)

Characteristics	No (%) or Mean ± SD	Characteristics	No (%)
Gender		Civil Status	
Transgender women	73 (49)	Unmarried	126 (84.6)
Transgender men	74 (49.7)	Married	9 (6)
Genderqueer	2 (1.3)	Widowed	2 (1.3)
Sexual orientation		Divorced	3 (2)
Gay	7 (4.7)	Separated	8 (5.4)
Lesbian	21 (14.1)	Other	1 (0.7)
Straight	80 (53.7)	Community where they live	
Bisexual	21 (14.1)	Urban	111 (74.5)
Other	20 (13.4)	Suburban	19 (12.8)
Race/Ethnicity		Rural	19 (12.8)
Caucasian	146 (98)	LGBT Association Membership	
Afro-American	1 (0.7)	Yes	58 (38.9)
Latin	1 (0.7)	No	91 (61.1)
Age	33.18 ± 10.96	Religious Education	
Education		Yes	109 (73.2)
≤ High school	106 (71.1)	No	40 (26.8)
≥ College or other	43 (28.9)	GRS**	
Monthly Income (2013)€*		Yes	19 (12.8)
No income	59 (39.6)	No	125 (83.9)
< 600	24 (16.1)	Hormones consumption	
600 – 999	31 (20.8)	Yes, under prescription	70 (47)
1000 – 1999	20 (13.4)	Yes, without prescription	11 (7.4)
2000 >	15 (10.1)	No	68 (45.6)

*The monthly income has been asked following the range used by the National Institute of Statistic (ISTAT).

**GRS = Gender Reassignment Surgery.

Measures

Minority stress predictor variables

1. ***Prejudice events***: General Discrimination (6 items; α = .77), Verbal Abuses (3 items, α = .83), Physical Abuses (3 items, α = .84), Sexual Abuses (3 items, α = .78) were assessed through *ad hoc* measures + Everyday Discrimination Scale (EDS, α = .91; adapted by Meyer, Schwartz, & Frost, 2008).
2. ***Felt stigma***: Perceived Stigma Scale (6 items, α = .89; adapted by Martin & Dean, 1987)
3. ***Internalized transphobia***: Transgender Identity Scale (TIS; Bockting et al., 2005; Italian version of the scale was presented in a study by Scandurra et al., under revision)

Mental health outcome variables

1. ***Depression =*** Center for Epidemiologic Studies Depression (CES-D; Radlof, 1977; Italian adaption by Fava, 1981);
2. ***Anxiety* =** Beck Anxiety Inventory (BAI; Beck, Epstein, Brown, & Steer, 1988; Italian adaption by Sica, Coradeschi, Ghisi, and Sanavio, 2006);
3. ***Suicidal ideation or attempt*.** Participants were asked whether, due to their gender identity or expression, they have seriously thought about committing suicide, have made a plan for committing suicide, have attempted a suicide, and have committed a serious suicide attempt. Answers were yes or no.

Protective factors as moderator variables

1. ***Resilience* =** Resilience Scale (RS; Wagnild & Young, 1993; Italian adaptation by Peveri, 2012);

2. ***Social support =*** Multidimensional Scale of Perceived Social Support (MPSS; Zimet et al., 1998; Italian adaption by Prezza & Principato, 2002);

Statistical Analyses

- All the analyses were performed with R-Studio and SPSS 20.
- Confirmatory Factor Analyses (CFAs) were performed with the aim of assessing the goodness of fit of all measures.
- Internal consistency reliability was evaluated through Cronbach's alpha.
- Multiple regression analyses were performed with anxiety and depression measures as they were dependent continuous variables.
- Logistic regression analyses were performed with suicide measures as they were dependent dichotomous variables.

Results

Types and levels of stigma and mental health

- Participants reported a median of 12 different experiences of discrimination (range 9–18), with no differences based on gender.
- The most prevalent type of prejudice event was verbal harassment (86.6%), during both childhood, adolescence, and adulthood.
- Also physical harassment obtained very high average values (57%).
- As regards the mental health dimensions, significant differences by gender have not been found. Notwithstanding, the percentages of anxiety (47%) and depression (63.1%) were very high in both groups, as well as suicide ideation (51.7%) and attempts (19.5%).

Percentages of Prejudice Events, Felt Stigma and Mental Health Problems Among Italian Transgender Participants (n = 149) in the "Trans Life Survey"

	MtF (n = 74) n(%) or M±SD	FtM (n = 75) n(%) or M±SD	Tot (n = 149) n(%) or M±SD	OR (95%CI) or t (df)	p
Types of enacted stigma					
Layoff	13(17.6)	23(30.7)	36(24.2)	0.46 (0.21, 1.01)	.049
Troubles in finding a job	53(71.6)	46(61.3)	99(66.4)	-	-
Troubles in renting an Apartment	16(21.6)	27(36.0)	43(28.9)	0.46 (0.22, 0.95)	.036
Eviction	9(12.2)	14(18.7)	23(15.4)	-	-
Troubles in having access to health services	36(48.6)	22(29.3)	58(38.9)	2.07 (1.05, 4.08)	.036
Robbery	7(9.5)	25(33.3)	32(21.5)	0.19 (0.08, 0.49)	.001
Verbal abuse	68(91.9)	61(81.3)	129(86.6)	2.41 (0.86, 6.75)	.048
Physical abuse	39(52.7)	46(61.3)	85(57.0)	-	-
Sexual abuse	22(29.7)	25(33.3)	47(31.5)	-	-
Experiences of discrimination (median)	12	12	12	-	-
Everyday discrimination (mean)	0.85	0.74	0.79	1.64 (140)	.046
Perceived stigma	2.39 ± 0.76	2.33 ± 0.85	2.36 ± 0.80	-	-
Mental health					
Anxiety >13	32(42.7)	38(51.4)	70(47.0)	-	-
Depression >16	49(65.3)	45(60.8)	94(63.1)	-	-
Suicide ideation	37(50.0)	40(53.3)	77(51.7)	-	-
Suicide attempt	13(17.6)	16(21.3)	29(19.5)		

M = Mean; SD = Standard Deviation; OR = Odds Ratio; t = T Test; df = degrees of freedom

Minority stress and mental health

- Enacted, felt, and internalized stigma experienced by Italian transgender people were positively associated with anxiety (R^2 = .288; R^2 adjusted = .222; F (1) = 3.447; p <.05; SE = 13.17), depression (R^2 = .483; R^2 adjusted = .435; F (1) = 4.091; p <.05; SE = 10.59), suicidal ideation (χ^2 = 39.714, p = <.0001, -2Log = 156.689, R^2 Cox and Snell = .244, R^2 Nagelkerke = .326), and suicidal attempt (χ^2=20.490, p < .05, -2Log = 112.426, R^2 Cox and Snell = .164, R^2 Nagelkerke = .263).
- These associations were moderated by specific protective factors, such as family and peer support, or resilience.

Regressions of Anxiety on Minority Stress Processes (Prejudice Events, Felt Stigma, Internalized Transphobia, and Protective Factors) Among Italian Transgender Participants (n = 149) in the "Trans Life Survey"

	Step 1			Step 2			Step 3			Step 4		
Variable	b(SE)	B	t	b(SE)	B	t	b(SE)	B	t	b(SE)	B	t
Prejudice events	0.22 (9.23)	12.87	1.39	0.21 (8.82)	12.64	1.43	0.13 (9.09)	7.38	0.81	0.18 (10.98)	10.47	0.95
Everyday discrimination	0.40 (6.22)	14.90	2.40*	0.31 (5.93)	11.75	1.98*	0.20 (5.10)	7.60	1.27*	0.18 (6.14)	6.97	1.13*
Felt stigma	0.01 (1.75)	0.11	0.06	0.09 (1.69)	1.69	1.01	0.09 (1.70)	1.84	1.08	0.10 (1.71)	1.87	1.09
Pride				−0.02 (1.10)	−0.02	−0.02	−0.01 (1.08)	−0.01	−0.01	−0.02 (1.08)	−0.02	−0.02
Shame				0.28 (1.30)	2.58	1.98*	0.16 (1.33)	1.50	1.12	0.17 (1.35)	1.61	1.19*
Passing				−0.03 (1.06)	−0.35	−0.33	0.03 (1.06)	0.29	0.27	0.02 (1.09)	0.19	0.17
Alienation				0.22 (0.75)	1.79	2.39*	0.22 (0.73)	1.78	2.43*	0.21 (0.74)	1.77	2.40*
Resilience							−0.22 (1.25)	−2.91	−2.32*	−0.22 (1.26)	−2.99	−2.36*
MSPSS family							−0.19 (0.69)	−1.63	−2.36*	−0.35 (2.69)	−2.94	−1.09*
MSPSS friends							−0.02 (1.09)	−0.15	−0.15	−0.03 (1.04)	−0.27	−0.26
MSPSS significant others							−017 (1.08)	1.78	1.65	0.18 (1.09)	1.85	1.70
EDS X MSPSS family										0.17 (0.32)	0.16	0.50*

*$p < .05$

MSPSS = Multidimensional Scale of Perceived Social Support.

Model statistics for the final model were $R^2 = .288$; R^2 adjusted = .222; $F(1) = 3.447$; $p < .05$; SE = 13.17

Minority stress and anxiety

Regressions of Depression on Minority Stress Processes (Prejudice Events, Felt Stigma, Internalized Transphobia, and Protective Factors) Among Italian Transgender Participants (n = 149) in the "Trans Life Survey"

	Step 1			Step 2			Step 3			Step 4		
Variable	b(SE)	B	t	b(SE)	B	t	b(SE)	B	t	b(SE)	B	t
Prejudice events	0.12 (8.44)	6.83	0.81	0.15	8.47	1.09	0.14 (7.31)	7.54	1.03	0.15 (7.23)	8.29	1.15
Everyday Discrimination	0.32 (5.68)	11.39	2.00*	0.24	8.52	1.63*	0.16 (4.82)	5.59	1.16*	0.21 (7.98)	7.35	0.92*
Felt stigma	0.17 (1.60)	3.01	1.88*	0.09	1.57	1.06	0.04 (1.37)	0.66	0.48	0.03 (1.35)	0.52	0.38
Pride				−0.11	−1.12	−1.15	−0.15 (0.87)	−1.50	−1.72	−0.14 (0.86)	−1.44	−1.68
Shame				0.49	4.32	3.77***	0.28 (1.07)	2.51	2.35*	0.28 (1.06)	2.48	2.34*
Passing				−0.11	−1.05	−1.13	−0.01 (0.86)	−0.03	−0.04	0.02 (0.85)	0.02	0.02
Alienation				0.15	1.18	1.79*	0.14 (0.59)	1.09	1.84	0.13 (0.58)	1.04	1.79
Resilience							−0.45 (1.01)	−5.76	−5.72***	−0.47 (1.01)	−5.98	−5.98***
MPSS family							−0.15 (0.55)	−1.16	−2.10*	−0.16 (0.55)	−1.23	−2.24*
MPSS friends							−0.02 (0.81)	−0.14	−0.17	−0.28 (1.41)	−2.50	−1.77*
MPSS significant others							0.11 (0.87)	1.09	1.26	0.11 (0.86)	1.05	1.23
EDS X MSPSS friends										0.43 (1.44)	2.92	2.02*

*p < .05; ***p < .001

MSPSS = Multidimensional Scale of Perceived Social Support.

Model statistics for the final model were $R^2 = .483$; R^2 adjusted = .435; F (1) = 4.091; p < .05; SE = 10.59

Minority stress and depression

Regressions of Suicide Ideation on Minority Stress Processes (Prejudice Events, Felt Stigma, Internalized Transphobia, and Protective Factors) Among Italian Transgender Participants (n = 149) in the "Trans Life Survey"

	Step 1				Step 2				Step 3				Step 4			
Variable	B	SE	Wald	OR	B	SE	Wald	OR	B	SE	Wald	OR	B	SE	Wald	OR
Prejudice events	0.31	0.20	2.41	0.73	0.31	0.22	2.06	0.73	0.23	0.23	1.06	0.79	0.26	0.23	1.24	0.77
EDS	2.99	0.99	9.14	19.83**	2.64	1.06	6.23	13.97**	2.41	1.11	4.69	11.18**	11.20	4.77	5.52	10.18**
Felt stigma	0.10	0.25	0.16	1.11	0.07	0.28	0.07	1.08	0.01	0.30	0.03	0.98	0.08	0.30	0.06	0.93
Pride					−0.63	0.22	8.06	1.87**	−0.62	0.23	7.61	1.87**	−0.60	0.23	6.77	1.82**
Shame					0.65	0.22	8.88	1.92**	0.63	0.23	7.19	1.87**	0.66	0.24	7.65	1.93**
Passing					0.05	0.17	0.09	0.95	0.03	0.18	0.03	0.97	0.06	0.19	0.11	0.94
Alienation					0.05	0.12	0.15	0.95	0.03	0.12	0.05	0.97	0.04	0.12	0.10	0.96
Resilience									−0.19	0.22	0.71	0.83**	−0.99	0.63	2.50	2.70**
MPSS family									−0.11	0.11	0.94	0.89	−0.10	0.11	0.78	0.90
MPSS friends									−0.02	0.17	0.01	1.02	−0.05	0.18	0.01	1.05
MPSS sign. other									−0.30	0.18	2.61	1.35	−0.33	0.19	3.03	1.40
EDS X Resilience													−1.58	0.81	3.76	0.21**

**$p < .01$

EDS = Everyday Discrimination Scale; MSPSS = Multidimensional Scale of Perceived Social Support

Model statistics for the final model were χ^2=39.714, p = .000, -2Log = 156.689, R^2 Cox and Snell = .244, R^2 Nagelkerke = .326

Minority stress and suicide ideation

Regressions of Suicide Attempt on Minority Stress Processes (Enacted, Perceived, and Internalized Stigma, and Protective Factors) Among Italian Transgender Participants (n = 149) in the "Trans Life Survey"

	Step 1				Step 2				Step 3				Step 4			
Variable	B	SE	Wald	OR	B	SE	Wald	OR	B	SE	Wald	OR	B	SE	Wald	OR
Prejudice events	0.09	0.24	0.14	0.91	0.11	0.26	0.17	0.90	0.04	0.27	0.02	1.04	0.82	0.44	3.47	2.28
EDS	1.72	1.08	2.51	5.58	1.45	1.18	1.51	4.28	0.86	1.20	0.51	2.37	0.60	1.25	0.23	1.82
Felt stigma	0.04	0.31	0.02	1.04	0.05	0.33	0.02	0.95	0.04	0.34	0.02	1.05	0.03	0.35	0.06	0.97
Pride					−0.41	0.26	2.50	1.50	−0.43	0.27	2.55	1.54	−0.56	0.29	3.81	1.75*
Shame					0.60	0.25	5.46	1.81*	0.55	0.28	3.91	1.73*	0.59	0.29	4.12	1.80*
Passing					0.45	0.21	4.37	0.64*	0.43	0.23	3.63	0.65	0.36	0.24	2.31	0.70
Alienation					0.07	0.15	0.21	0.93	0.10	0.15	0.42	0.90	0.09	0.16	0.32	0.91
Resilience									−0.13	0.25	0.28	0.88*	−0.13	0.27	0.24	0.88*
MPSS family									−0.18	0.15	1.47	0.83	−1.59	0.80	3.94	4.90*
MPSS friends									−0.32	0.20	2.56	0.73	−0.27	0.21	1.66	0.76
MPSS sign. Others									−0.30	0.23	1.72	1.35	−0.29	0.24	1.52	1.34
Enacted stigma X MPSS family													−0..22	0.10	4.92	0.80*

*p < .05

EDS = Everyday Discrimination Scale; MSPSS = Multidimensional Scale of Perceived Social Support

Model statistics for the final model were χ^2=20.490, p = .030, -2Log = 112.426, R^2 Cox and Snell = .164, R^2 Nagelkerke = .263

Minority stress and suicide attempt

Discussion

- The obtained results seem to be in line with those reported in the literature (Bockting et al., 2013; Kenagy, 2005; Lombardi et al., 2001; Shipherd et al., 2011; Xavier, 2000).
- Indeed, levels and types of prejudice events are very high and diversified.
- The most frequent types of stigma are verbal abuse (86.6%), troubles in finding a job (66.4%), physical abuses (57%), and troubles in having access to health services (38.9%). To follow, sexual abuses (31.5%), troubles in renting an apartment (28.9%), layoff (24.2%), robbery (21.5%), and eviction (15.4%).

- Also data about depression and anxiety seem to be in line with the literature (Bockting et al., 2013; Budge, Adelson e Howard, 2013; Nuttbrock et al., 2010; Shipherd et al., 2011).
- Instead, data about suicidal ideation and attempt partly differ from those reported in literature and generally used as reference point.
- Indeed, Clements-Nolle and colleagues (2006) and Kenagy (2005) reported that 32% and 30.1% of their recruited sample had attempted suicide, respectively. The obtained results are closer to those observed by Nuttbrock and colleagues (2010), who reported that 53.5% of their sample ideated suicide, 35% planned suicide, and 27.9% attempted it.
- However, in the current study percentage of suicide attempt seems to be lower than that generally observed.

- Furthermore, our results confirm the application of minority stress model to Italian transgender people recruited.
- With the exception of suicide attempt, for which no dimension related to prejudice events resulted as significant predictor, anxiety, depression, and suicide ideation were significantly predicted by minority stress processes.
- The main moderators between stigma and mental health were perceived support from family both for anxiety problems and suicide attempt, perceived support from friends for depression problems, and resilience for suicide ideation.

Limitations

- The main limit is related to recruitment procedures. It is a cross-sectional study which used an online convenience sample. Future researches should use longitudinal designs aimed at assessing the relationship between stigma and mental health over time.
- Another limit of the current study is common to other studies dealing with health of sexual and gender minorities. These are often conducted with non-probabilistic sampling procedures, whose causes are to be found in the population limited size, as well as in the intrinsic sensitivity of questions on sexual and gender issues (IOM, 2011).

Clinical implications

- Here, we want to emphasize the clinical importance to be assigned mainly to three dimensions associated with the minority stress: internalized transphobia, resilience, and social support.
- One of the main objectives of a clinical intervention should be to mitigate psychological distresses coming from the negative self-image which often transgender people develop due to social and internalized stigma.
- It seems very important to help clients to reshape negative emotions associated with stigmatizing experiences and to develop a self-image freer from stigma and less involved in a social dialectic. Indeed, as demonstrated before, high levels of internalized transphobia increase the likelihood of developing negative mental health outcomes, until to ideate and/or to attempt suicide.

- At the same time, given the complexity of clinically working on so deeply encysted dimensions, mental health professionals should pay attention to those aspects linked with resilience and social support.
- To this end, Meyer (2007) highlighted the efficacy of group and community dimension in buffering the effects of stressors on mental health of lesbian, gay, and bisexual people. This is undoubtedly true also for transgender people, especially in light of the role of social alienation in predicting mental health problems.

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Thanks for your attention!